


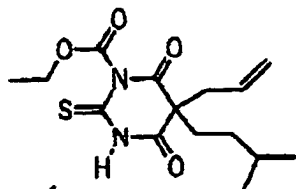
MAR 0 2 2005

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)											
ADDRESS TO: Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.: 04-1011-C Application No.: 10/763,904 USPTO Confirmation No.: 7766 Filing Date: January 23, 2004 First Named Inventor: Pascal Druzgala Group Art Unit: 1624 Examiner: Balasubramanian										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application to and including March 4, 2005.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1))</td> <td>\$120.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))</td> <td>\$</td> </tr> </table>		<input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$120.00	<input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$
<input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$120.00										
<input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))	\$										
<input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))	\$										
<input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))	\$										
<input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$										
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$200.00.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or to credit any overpayment to Deposit Account Number 13-2490. I have enclosed a duplicate copy of this sheet.</p>											
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED											
Name	Michael S. Greenfield										
Reg. No.	37,142										
Signature											
Date	March 2, 2005										

03/14/2005 GDUCKETT 00000006 132490 10763904

01 FC:1251 120.00 DA

3-ethoxycarbonyl-4,6-dioxo-5-allyl-5-isopentylhexahydropyrimidine



, and pharmaceutically acceptable salts thereof.

Revised
8.5

(new) A composition comprising the compound according to claim 2 and a pharmaceutically acceptable carrier or diluent.

8.6

(new) A composition comprising the compound according to claim 3 and a pharmaceutically acceptable carrier or diluent.

8.7

(new) A composition comprising the compound according to claim 4 and a pharmaceutically acceptable carrier or diluent.